

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/049615**

FILING DATE

APPLICANT(S)

CLAIMS

	FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	2		2			
TOTAL DER.	2		2			
TOTAL IND. & DER.	4		4			

	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS